

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							0 9747 648	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3	1						53	
4	1						54	
5	1						55	
6	1						56	
7	1						57	
8	1	1					58	
9	1						59	
10	1						60	
11	1						61	
12		1					62	
13	1						63	
14	1						64	
15	1						65	
16	1						66	
17	1						67	
18	1						68	
19	1						69	
20	1						70	
21		1					71	
22	1						72	
23		1					73	
24	1						74	
25		1					75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30		1					80	
31		1					81	
32		1					82	
33		1					83	
34		1					84	
35		1					85	
36		1					86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	19						TOTAL IND.	
TOTAL DEP.	16						TOTAL DEP.	
TOTAL CLAIMS	35						TOTAL CLAIMS	